In re Application of:

SHIGERU KAWASAKI ET AL.

Appln. No.: 09/655,487

Filed: September 5, 2000

For: IMAGE READING APPARATUS

Docket No. 03500.014763.

Examiner: J. L. Sherrill

Group Art Unit: 2622

OCT 1 0 2003

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Date: October 8, 2003

Technology Center 2600

Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

| | | C | LAIMS AS AMEN | DED | | |
|--|--------------------------------------|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * | MINUS | ** 20 | = 0 | x \$9 \$18 | \$0 |
| INDEP. CLAIMS | * 2 | MINUS | *** | 0 | x \$42 \$84 | \$0 |
| Fee for Multiple Dependent claims \$140°/\$280 | | | | | | \$0 |
| | | | TOTAL ADDITION TO THE AMEN | | | \$0 |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

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| | °Verified Statement claiming small entity status is enclosed, if not filed previously. |
|---|--|
| | A check in the amount of \$ is enclosed. |
| | Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed. |
| X | Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. |
| | A check in the amount of \$ to cover the Extension fee for response with amonth extension is enclosed. |
| | A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed. |
| X | Applicants' undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below. |
| | Respectfully submitted, |

Attorney for Applicants

Registration No. 19 286

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
New York, New York 10132-3801

Facsimile: (212) 218-2200

NY_MAIN 380676